Public Health Messages

Missouri Department of Health and Senior Services
February 7, 2017

Public Health Messages **is a way for the Missouri Department of Health and Senior Services (DHSS) to provide information and guidance to medical providers and hospitals on current issues relating to medical care and public health. It is sent out through the Missouri Health Notification System (MOHNS), and goes to the same individuals and facilities that receive DHSS Health Alerts and Health Advisories.** ***Public Health Messages*** **does not replace Health Alerts and Health Advisories, but rather provides an additional way for DHSS to communicate, in the form of brief messages, with providers and hospitals.**

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Avian Influenza A (H7N9) Among Travelers to China

Avian influenza A (H7N9) is a virus found in birds that does not normally infect humans. However, from September 2016 through January 16, 2017, Chinese health authorities have confirmed 120 new human cases of infection with the virus to the World Health Organization (WHO). Most of these patients reported exposure to live poultry or poultry markets. On January 25, 2017, the Centers for Disease Control and Prevention (CDC) issued an updated travel notice regarding influenza A (H7N9) in anticipation of increased travel to and from China during the Chinese Lunar New Year, which occurred January 28, 2017. Clinicians should consider the possibility of influenza A (H7N9) virus infection in people presenting with respiratory illness within 10 days of travel to China, particularly if the patient reports exposure to birds or poultry markets.

Although most H7N9 cases have experienced severe respiratory illness, infection may cause mild illness in some persons, including both adults and children. Guidance for clinicians who suspect avian influenza A (H7N9) virus infection in a returned traveler from China is provided at https://www.cdc.gov/flu/avianflu/healthprofessionals.htm.

With all suspected cases, clinicians should initiate infection control precautions (airborne, droplet, and contact) and obtain appropriate specimens based on guidance found at https://www.cdc.gov/flu/avianflu/h7n9/specimen-collection.htm. Diagnostic testing for influenza A (H7N9) virus infection is recommended whenever infection due to this virus is suspected. Rapid influenza diagnostic tests are not recommended in this situation. Specimens collected for H7N9 testing should, following consultation with Missouri Department of Health and Senior Services (DHSS) staff, be sent to the Missouri State Public Health Laboratory (MSPHL) for identification of the virus. Consultation with DHSS is required prior to submission of specimens to MSPHL. Clinicians who have a suspected case should immediately contact DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113, or 800-392-0272 (24/7), to request H7N9 testing.

Empiric treatment with influenza antiviral medications may be warranted while test results are pending. CDC has provided interim guidance at https://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm.

All suspected cases of influenza A (H7N9) infection should be promptly reported to the local public health agency (LPHA), or to DHSS at 573-751-6113 or 800-392-0272 (24/7).

For more information on avian influenza A (H7N9), go to https://www.cdc.gov/flu/avianflu/h7n9-virus.htm. For all questions regarding testing of humans for H7N9, please contact the Bureau of Communicable Disease Control and Prevention at one of the numbers listed above. For all other questions regarding influenza A (H7N9), contact DHSS' Office of Veterinary Public Health at 573-526-4780, or 800-392-0272 (24/7).

Consider Testing Children for Lead

Since 2012, CDC has recommended that lead-related interventions for children begin at a lowered blood lead level of 5ug/dL and greater; previously the standard was 10ug/dL.

Few persons understand that there are common lead exposures in our environment and that very minute amounts of inhaled or ingested lead can cause significant blood lead elevations. Because of their behavior and physiology, children are more affected by exposure to lead than are adults (e.g., children are more likely to inhale or ingest lead-contaminated material because of their higher breathing rate, frequent hand-to-mouth behaviors, and proximity to the ground; in addition, they absorb more ingested lead than do adults).

Even low blood lead levels in children are associated with cognitive losses, higher rates of neurobehavioral disorders, and other health problems that are not reversible and carry into adulthood. A pregnant woman may pass lead on to the fetus as a result of her current lead exposure, or from lead stored in her bones from decades earlier. In vitro lead exposure is associated with reduced growth of the fetus, premature birth, and miscarriage. Lead is also known to be transmitted to the infant through breast milk.

It is recommended that clinicians assess the need for blood lead testing for: 1) all pregnant women during early prenatal visits, 2) children up to age 72 months during well-child visits, and 3) adults who may have occupational or other exposures to lead. Note that children less than 72 months of age are most likely to have elevated lead levels because of the reasons listed above. Particularly at risk of lead poisoning are: 1) those who live in older housing, especially if there is recent or current remodeling, or if there is visible flaking, peeling, or chipping paint; 2) those who live in areas where the soil may be lead-contaminated, such as in mining communities; 3) those whose parents work in lead-associated occupations and may bring lead into the home or vehicle; 4) any child receiving Medicaid benefits; and 5) those who are exposed to a variety of other sources which are mentioned in the material linked to below. Also note that Medicaid minimally requires all children in the program to be blood lead tested by capillary or venous sampling at age 12 months and at age 24 months, and if one of these is missed, as soon as possible thereafter.

Information and guidance for medical providers on lead screening and follow-up of lead elevations are available at:

- Pediatric Environmental Health Specialty Units (PEHSU): Recommendations on Medical Management of Childhood Lead Exposure and Poisoning: http://www.pehsu.net/_Library/facts/medical-mgmnt-childhood-lead-exposure-June-2013.pdf
- CDC - Childhood Lead Poisoning Prevention Program: https://www.cdc.gov/nceh/lead/
- Environmental Protection Agency's OPPT Lead Page: www.epa.gov/lead
- DHSS' Child Lead Poisoning Prevention Program: http://health.mo.gov/living/environment/lead/?/lead

Questions should be directed to DHSS' Bureau of Environmental Epidemiology at 573-751-6102.

Increase in Congenital Syphilis in Missouri

There has been a sharp increase in the number of congenital syphilis cases in Missouri and nationwide over the last few years. In Missouri in 2016, the preliminary number of reported cases, 9, is the highest number reported in the state since 1998. Because of the increase in the number of syphilis cases, clinicians are asked to institute early third trimester screening (around 28-32 weeks) of all pregnant women (regardless of reported patient risk) as well as screening at delivery. Screening pregnant women at the first prenatal visit should already be a standard of care, and further testing should be performed following any positive or inconclusive test result. Any woman who has a fetal death after 20 weeks gestation should also be tested for syphilis. For more information, please contact DHSS' Bureau of HIV, STD, and Hepatitis at 314-877-0245, or visit the following resources:

- CDC 2015 Treatment Guidelines – Syphilis During Pregnancy: Congenital syphilis: https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm
- *Morbidity and Mortality Weekly Report*: Increase in Incidence of Congenital Syphilis 2012-2014: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm
- CDC Congenital Syphilis Fact Sheet: https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm

Seasonal Influenza Activity Increasing in Missouri

Influenza activity continues to increase in Missouri. Since the beginning of the 2016-2017 influenza season, 15,378 laboratory-positive influenza cases have been reported in the state. Influenza A (H3N2) viruses have been the most common this season. Past seasons where H3N2 viruses predominated have been associated with more severe illness and higher mortality, especially in older people and young children. Clinicians should be aware that DHSS publishes a weekly influenza report that includes a summary of influenza activity, county-specific interactive maps, and comprehensive graphs and tables. This report is available online at: http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php.

Influenza activity is expected to continue for several weeks. The best way to protect against the disease is to get vaccinated each year. CDC recommends annual influenza vaccination for everyone 6 months of age and older. Clinicians should encourage anyone over the age of 6 months who has not gotten vaccinated yet this season to get vaccinated now.

Questions regarding influenza surveillance should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113, or 800-392-0272 (24/7). Questions regarding influenza vaccination should be directed to DHSS' Bureau of Immunization at 573-751-6124, or 800-219-3224 (24/7) and choosing option 0.